

U.S. DISTRICT COURT  
WESTERN DISTRICT OF LOUISIANA  
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**Form to be used by a prisoner filing a civil rights complaint under  
THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

**SEP 16 2008**

ROBERT W. BEMMELL, CLERK  
BY RWB DEPUTY

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF LOUISIANA**

*Robert Lee Doyle 3203*

Full Name of Plaintiff, Prisoner Number

**2:08cv1412**

*Sec P*

VS.

*Beauregard Parish Sheriff office*  
Defendant

Magistrate Judge

**COMPLAINT**

**I. Previous Lawsuits**

A. Have you begun any other lawsuit while incarcerated or detained in any facility?

Yes  No

B. If your answer to the preceding question is yes, provide the following information.

1. State the court(s) where each lawsuit was filed (if federal, identify the District; if state court, identify the county or parish):

\_\_\_\_\_  
\_\_\_\_\_

2. Name the parties to the previous lawsuit(s):

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_

3. Docket number(s): \_\_\_\_\_

4. Date(s) on which each lawsuit was filed: \_\_\_\_\_

5. Disposition and date thereof [For example, was the case dismissed and when? Was it appealed and by whom (plaintiff or defendant)? Is the case still pending?]:

C. Have you filed any lawsuit or appeal in any federal district court or appeals court which has been dismissed?

Yes

No

If your answer to the preceding question is yes, state the court(s) which dismissed the case, the civil action number(s), and the reason for dismissal (e.g., frivolity, malice, failure to state a claim, defendants immune from relief sought, etc.).

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**II. A. Name of institution and address of current place of confinement:**

*Beauregard Parish Sheriff's Office, 412 Bolivar Bishop Dr.  
Jail Complex, DeRidder, La. 70634*

B. Is there a prison grievance procedure in this institution?

Yes

No

1. Did you file an administrative grievance based upon the same facts which form the basis of this lawsuit?

Yes

No

If Yes, what is the Administrative Remedy Procedure number? *numbers being withheld*

2. If you did not file an administrative grievance, explain why you have not done so.

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3. If you filed an administrative grievance, answer the following question.

What specific steps of the prison procedure did you take and what was the result? (For example, for state prisoners in the custody of the Department of Public Safety and Corrections: did you appeal any adverse decision through to Step 3 of the administrative grievance procedure by appealing to the Secretary of the Louisiana Department of Public Safety and Corrections? For federal prisoners: did you appeal any adverse decision from the warden to the Regional Director for the Federal Bureau of Prisons, or did you make a claim under the Federal Tort Claims Act?)

*All grievances accepted & responded to.*

*However requests for their numbers go unanswered*

Attach a copy of each prison response and/or decision rendered in the administrative proceeding.

**III. Parties to Current Lawsuit:**

A. Name of Plaintiff Robert Lee Doyle

Address 412 Bolivar Bishop Dr. DeRidder, La. 70634

B. Defendant, Aaron P. Broussard, is employed as

Deputy at Beauregard Parish Sheriff Office

Defendant, John Rainwater, is employed as

assistant Warden at B.P.S.O. Jail

Defendant, William Galbreath, is employed as

Chief Warden at B.P.S.O. Jail

Additional defendants Bolivar Bishop Ret. Sheriff / Ricky Moses Sheriff

Beauregard Parish Jail

#### IV. Statement of Claim

State the **FACTS** of your case. Specifically describe the involvement and actions of each named defendant. Include the names of all persons involved in the incident(s) or condition(s) giving rise to this lawsuit, and the dates upon which and the places where the incident(s) and/or condition(s) occurred. **YOU ARE REQUIRED TO SET FORTH ONLY FACTUAL ALLEGATIONS. YOU ARE NOT REQUIRED TO SET FORTH LEGAL THEORIES OR ARGUMENTS.**

On July 6, 2007 I was restrained by, Aaron Broussard and Made to fall down stairs of DeRidder Courthouse resulting in two herniated discs. Aprox. 30 Minutes after Fall, Wardens allowed Me to go to Emergency Room of Beauregard Memorial Hosp. X-Rays given, Medicine administered and returned to jail complex. X-Rays revealed ruptured disc, Later M.R.I. Scans revealed two herniated discs. Wheelchair bound ever since, still being treated Medically

ON JULY 6 2007 I was restrained and made to walk down the stairs of the DeRidder Courthouse with pre-existing conditions of scoliosis, compressed discs, advanced arthritis of spine. Deputy Aaron Broussard knew I had such conditions as he was officer who booked me in. Because of restraints I was caused to fall down stairs head first slamming into landing. Deputy Broussard forced me to stand and travel down next section of stairs in great pain in my back. Warden arrived and okayed me to go to hospital by ambulance on stretcher approximately 30 minutes later. At hospital I was given x rays which revealed ruptured disc. 1 week previous at Dr. Flynn Taylor's office x rays show only arthritis, scoliosis. After treatment at Beauregard Memorial hospital I was returned to jail. Have been wheelchair bound ever since. Have been given two M.R.I. scans since accident and both reveal two herniated discs which were caused by fall. My complaint is that I still cannot walk because of this, I am in constant severe pain and I am still being treated by charity hospitals when I could have my surgery elsewhere. I am to see neurologist at L.S.U. Shreveport in November. I need help I am not receiving due to an accident which could have been prevented. The jail is assuming responsibility as they have paid for my M.R.I. scans and doctor visits. But I feel I am owed much more in the effect of medical care, surgery, rehabilitation and compensation.

attending Physician: John McMillan

Witnesses: Crystal Walkingstick - probation officer

alan Rosegrant - Deputy

Aaron Broussard - Deputy - Defendant

Kenneth Crockett - Prisoner

Scotty Blair - Prisoner

Carl Williams - Prisoner

Emergency Room witnesses: Alan Rosegrant - Deputy

Justin Gray - Deputy

Currently awaiting surgeon at L.S.U.  
Hospital's Shreveport La.

V. Relief

State exactly what you want the court to provide to you or do for you. Make no legal arguments. Cite no cases or statutes.

Make B.P.S.O. Pay for all Medical treatments, procedures.  
Compensate for all Pain and suffering, corrective  
Surgeries, Rehabilitation

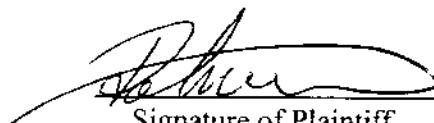
VI. Plaintiff's Declaration

- A. **I declare under penalty of perjury that all of the facts represented in this complaint and any attachments hereto is true and correct.**
- B. I understand that if I am transferred or released, I must apprise the Court of my address, and my failure to do so may result in this complaint being dismissed.
- C. I understand that I may not proceed without prepayment of costs if I have filed three lawsuits and/or appeals that were dismissed on grounds that the action and/or appeal was frivolous or malicious, or failed to state a claim upon which relief may be granted, unless I am in imminent danger of serious physical injury.

Signed this 7<sup>th</sup> day of September, 2008.

3203

Prisoner no. (Louisiana Department of  
Corrections or Federal Bureau of Prisons)



Signature of Plaintiff

Robert Lee Doyle  
#3203 E-4  
412 Bolivar Bishop Dr.  
DeRidder, La. 70634

**X-RAYED**

Date \_\_\_\_\_

Initials \_\_\_\_\_

14<sup>th</sup> District Courthouse  
611 Broad St. Ste 188  
Lake Charles La. 70601

